|  |  |   |                       |                      |                              |                  |  | Application or Docket Number |                        |            |                     |                        |  |  |
|--|--|---|-----------------------|----------------------|------------------------------|------------------|--|------------------------------|------------------------|------------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000   |  |   |                       |                      |                              |                  |  |                              | 09/715469              |            |                     |                        |  |  |
|  |  | CLAIMS AS                                 | S FILED - PART I      |                      |                              |                  |  | ALL ENTITY                   |                        | OTHER THAN |                     |                        |  |  |
| T  | TAL CLAIME                                     | <del></del>                               | (Column 1)            |                      | (Column 2)                   |                  | TYPE                                       |                              |                        | OR         | SMALL               |                        |  |  |
| TOTAL CLAIMS   |  |   |                       |                      |                              |                  | R/   | RATE FEE                     |                        |            | RATE                | FEE                    |  |  |
| FOR  |  |   | NUMBER FILED          |                      | NUMBER EXTRA                 |                  | BASI                                       | BASIC FEE 355.00             |                        | OR         | BASIC FEE           | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | / / minus 20=         |                      | •                            |                  | XS   | X\$ 9=                       |                        | OR         | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 =           |                      |                              |                  | X40=                                       |                              |                        | OR         | X80=                |                        |  |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT                |                      |                              |                  | +1:  | +135=                        |                        | OR         | +270=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                       |                      |                              | ТО               | TOTAL                                      |                              | OR                     | TOTAL      |                     |                        |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                       |                      |                              |                  |  |                              |                        |            | OTHER               |                        |  |  |
| A 9-7-04 (Column 1)  |  |   | (Colum<br>High        |                      |                              | (Column 3)       | SM   | ALL                          | ENTITY                 | OR         | SMALL               |                        |  |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREVI         | BER<br>OUSLY                 | PRESENT<br>EXTRA | RA   | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| Š  | Total  | · 17                                      | Miņus                 | ** (                 | J0                           | <b>-</b> O       | X\$  | 9=                           |                        | OR         | X\$18=              | 0                      |  |  |
| AMENDMENT  | Independent                                    | · 5                                       | Minus                 | ***                  | 5.                           | - 0              | X4   | 0=                           |                        | OR         | X80=                | 0                      |  |  |
|  | FIRST PRESENTATION OF MI                       |   | ULTIPLE DEPENDENT     |                      | CLAIM                        | لللب             | +13  | 35=                          |                        | OŔ         | +270=               | 0                      |  |  |
|  |  |   |                       |                      |                              |                  | ADDIT                                      | OTAL                         |                        | OR         | TOTAL<br>ADDIT, FEE | 0                      |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                       |                      |                              |                  | ADUIT                                      | . ree                        |                        |            | AUUII. FEE          |                        |  |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                       | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA   | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | ń   | Minus                 | *                    |                              | =                | X\$  | 9=                           |                        | OR         | X\$18=              |                        |  |  |
| ME   | Independent                                    | •   | Minus                 | ***                  |                              | Ħ                | X4   | 0=                           |                        | OR         | X80=                |                        |  |  |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEPENDENT CLA |                      |                              |                  | 1.1  | <br>35=                      |                        |            | +270=               |                        |  |  |
|  |  |   |                       |                      |                              |                  | _ <u>L</u> _                               | OTAL                         | <b></b>                | ОН         | TOTAL               |                        |  |  |
|  |  |   |                       |                      |                              |                  | ADDI                                       |                              |                        | OR         | ADDIT. FEE          |                        |  |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |  |   |                       |                      |                              |                  |  |                              |                        |            |                     |                        |  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUI<br>PREV          | MBER<br>IOUSLY<br>FOR        | PRESENT<br>EXTRA | R/A  | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| N N  | Total  | •   | Minus                 | ••                   |                              | =                | XS   | 9=                           |                        | OR         | X\$18=              | 1                      |  |  |
| WE   | independent                                    | •   | Minus                 | ***                  |                              | =                | X/   | 0=                           |                        |            | X80=                |                        |  |  |
| <b>I</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                      |                              |                  | <u>                                   </u> |                              | -                      | OR         | l                   |                        |  |  |
|  | Mala a share                                   | 4 14 4 46                                 | the entre la ret      | umn G um             | ita 70" im                   | niumn 3          | <u> </u>                                   | 35=                          |                        | OR         | +270=               |                        |  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                       |                      |                              |                  |  |                              |                        |            |                     |                        |  |  |
| 1  | The "Highest Nur                               | nber Previously P                         | aid For" (Total o     | or Indepen           | ident) is th                 | e highest numbe  | er found in                                | the a                        | ppropriate bo          | ox in c    | olumn 1.            |                        |  |  |

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